



## Governor's Council for People with Disabilities

### MEMORANDUM

**TO:** Interested Organizations  
**FROM:** Governor's Council for People with Disabilities  
**SUBJECT:** Guidelines for - Organizational CIF Applicants  
**CIF Application and Report Forms inserted in back**

#### Purpose of Organizational Consumer Investment Fund (CIF)

Through the Consumer Investment Fund (CIF), the Council has made a commitment to invest resources in people with disabilities and family members to attend and participate in events that reflect the "community inclusion" mission of the Council.

Funds can be used for conferences/seminars, which will enhance consumers' knowledge about disability issues and citizen participation in the decisions which affect their lives. Funds can also be used for participating in meetings or service agency boards, county Councils, advocacy agency meetings, zoning boards, public hearings, etc.

**BLACK OUT PERIOD** - No scholarships will be approved for other conferences two weeks before and two weeks after the Governor's Council for People with Disabilities Annual Statewide Conference. **Contact the Council office for this year's conference dates.**

#### Eligibility Criteria

- **Organizations can receive a maximum of \$5,000 in assistance per calendar year**, which can be used for one conference or several conferences during the calendar year, as long as the total amount combined does not exceed \$5,000. An application for EACH conference is required.
- ***The Council reserves the right to further restrict funding based on yearly budget allocations and availability.***
- Programs and/or registration information for the conference **MUST** indicate scholarship funding from the Governor's Council for People with Disabilities.
- Organizations can not use CIF fund for directors or other high level employees of an agency that provides disability related services, or employees attending a conference to make a presentation, on behalf of their employers.
- **CIF funds cannot be used as a subsidy for general conference expenses.** The CIF budget cannot include speaker fees, printing, staff pay, etc. The CIF budget is for registration and other expenses of the scholarship recipients, not for general conference expenses.

#### Application process

- Applications **MUST** be submitted a **MINIMUM of 5 WEEKS** prior to a conference, preferably prior to the publication of registration materials.

- When applications are received, the date is recorded. **Applications will be reviewed by the Council within 5 business days of receipt.**
- If not approved the application will be returned with an explanation of why the request was denied and/or, if appropriate, information on what additional information needs to be submitted.
- If approved you will receive an approval letter from the Council. Within 10 business days you will be contacted by the Mental Health Association of Indiana (MHA) who handles the reimbursement process for the Council, with instructions for reimbursement.
- **Match - a minimum of 50% of the amount of the CIF request is required as match - additional match that can be justified is greatly appreciated.**
- Registration and lodging expenses paid by non CIF scholarship recipients is usually the primary source of match. Match can also include expenses of the scholarship recipients that are not reimbursed, or any other actual or in kind expense not paid with federal funds.
- Accessible transportation, interpreters, attendant care, and parking (maximum of \$10 per day) are examples of other expenses that may be covered.

### **Reimbursement process**

- The sponsoring agency is responsible for collecting bills/receipts, and for handling and submitting the information needed for reimbursement. A record of match sources must be submitted with the claim vouchers.
- Once a properly completed CIF Event Outcome Report along with claim voucher, documentation or receipts, and required information on participants is submitted, MHA will issue a check within 14 business days.
- Funds MUST be claimed within 60 days of the conference date - NO claims will be paid after that time frame.

### **Accountability**

- Each year, when considering the renewal of this program, the Council reviews information on the outcomes and benefits of the fund. This information is used to demonstrate the value of continued expenditures for the Consumer Investment Fund program.
- Organizations must submit a report (forms enclosed) on the use of the CIF funds. The report includes the following:
  - An Organizational CIF **Event Outcome Report**
  - CIF **Expenditure Report**, with attached receipts or other documentation
  - A list of CIF Attendees supported with CIF funds that includes full names, addresses, day telephone numbers, email if known, whether they are people with disabilities or family members, and the number of people of color who received a scholarship.
  - **Council Memo - Individual Satisfaction/Outcome Forms** collected for each person supported. This memo/form must be provided to people who receive CIF support and collected from them before they leave the event.

After reviewing this packet if you have questions or need additional information please contact Brenda Wade at 317-233-4551 or [Hbwade@qpcpd.org](mailto:Hbwade@qpcpd.org)



**SAMPLE**

## **Governor's Council for People with Disabilities**

### **ORGANIZATIONAL CONSUMER INVESTMENT FUND APPLICATION**

**Please review the guidelines prior to completing this form!**

**Name of organization:** Indiana TASH

**Address:** 8XX0 W American Road, Indianapolis, IN 462XX

**Contact person:** Jane K. HXX

**Day telephone number:** (317) XXX-XXXX

**Fax number:** (317) XXX-XXXX

**E-mail address:** [JaneK@xx.net](mailto:JaneK@xx.net)

**Title of event/activity:** TASH: "Building Community Connections"

**Event location:** Indianapolis, Waterfront Plaza Hotel

**Date (s) from** April 17, xxxx **To** April 19, xxxx

#### **BUDGET SUMMARY:**

<b>Total CIF Requested</b>	<u>\$5,090.00</u>
<b>Match (minimum 50% of amount requested)</b>	<u>\$ 14,505.00</u>
<b>Estimated number of people to be supported</b>	<u>30</u>

#### **INSTRUCTIONS: Please attach the following:**

- A. A conference agenda, schedule or description of activities.
- B. Budget details (match in kind and other) + amount of request;
- C. Organizational Purpose Statement and Agreement Form - How will people with disabilities benefit? What is your organization willing to commit?
- D. Application & A through c items - Must be received in the Council office by a minimum of 5-weeks before event/conference. NO EXCEPTIONS.

**For questions, call (317) 233-4551, Fax (317) 233-3712, TTY (317) 232-7771, or [bwade@gpcpd.org](mailto:bwade@gpcpd.org)**

**Mail to:** **GCPD/CIF**  
**ATTN: Brenda Wade**  
**150 W Market St, Ste 628**  
**Indianapolis, IN 46204-2821**

## S A M P L E - Organizational Budget

Description	Match	CIF Requested
<b>Registration:</b> Estimated number of CIF consumers supported ____ x \$ ____ consumer registration fee = # CIF consumers ____ x \$ ____ amount of consumer discount = ____ (in kind match) # of Non CIF registrations ____ x \$ ____ registration fee = ____ (cash match)		
<b>Lodging Accommodations:</b> Estimated number of CIF rooms based on double occupancy ____ per night at \$ ____ x #of nights ____ = Estimated number of rooms used for non CIF recipients ____ per night at \$ ____ x # of nights ____ = (use total of overnight rooms used - less CIF rooms as match)		
<b>Child/Respite or Attendant Care</b> (describe):		
<b>Interpreter</b> (describe)		
<b>Other:</b> (Provide detailed description)		
<b>Totals</b>		

**Please note:** Registrations and other cash expenses paid with federal funds cannot be used as match.

**This packet is available on line in Adobe Acrobat or MS Word or can be emailed on request - go to:** [www.in.gov/gpcpd](http://www.in.gov/gpcpd) or contact [bwade@gpcpd.org](mailto:bwade@gpcpd.org) or 317-233-4551



## **Required Application Forms**

(To be submitted to the Council a minimum of five weeks prior to the event)

1. Consumer Investment Fund Application
2. Budget
3. Purpose Statement and Agreement Form



## Governor's Council for People with Disabilities

### ORGANIZATIONAL CONSUMER INVESTMENT FUND APPLICATION

**Please review the accompanying guidelines prior to completing this form!**

**Name of organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Day telephone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Title of event/activity:** \_\_\_\_\_

**Event location:** \_\_\_\_\_

**Date(s) from** \_\_\_\_\_ **to** \_\_\_\_\_

#### **BUDGET SUMMARY:**

Total CIF Requested \$ \_\_\_\_\_

Match (50% required) \$ \_\_\_\_\_

Approximate number of people being supported \_\_\_\_\_

#### **INSTRUCTIONS:** Please attach the following:

- A. Conference agenda, schedule or description of activities
- B. CIF Budget - match in kind and other + amount of request
- C. Organizational Purpose Statement and Agreement Form - How will people with disabilities benefit? What is your organization willing to commit?
- D. Application & A through C items - Must be received in the Council office a minimum of 5-weeks before conference

For questions, call (317) 233-4551, Fax (317) 233-3712, TTY (317) 232-7771, or [bwade@gpcpd.org](mailto:bwade@gpcpd.org)

**Mail to:** **Council/CIF**  
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## Organizational Budget

Description	Match	CIF Requested
<b>Registration:</b> Estimated number of CIF consumers supported ____ x \$ ____ consumer registration fee = # CIF consumers ____ x \$ ____ amount of consumer discount = ____ (in kind match) # of Non CIF registrations ____ x \$ ____ registration fee = ____ (cash match)		
<b>Lodging Accommodations:</b> Estimated number of CIF rooms based on double occupancy ____ per night at \$ ____ x #of nights ____ = Estimated number of rooms used for non CIF recipients ____ per night at \$ ____ x # of nights ____ = (use total of overnight rooms used - less CIF rooms as match)		
<b>Child/Respite or Attendant Care</b> (describe):		
<b>Interpreter</b> (describe)		
<b>Other:</b> (Provide detailed description)		
<b>Totals</b>		

**Please note:** Registrations and other cash expenses paid with federal funds cannot be used as match.

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## Governor's Council for People with Disabilities Organizational CIF Purpose Statement and Agreement Form

The Council's Consumer Investment Fund (CIF) provides funds to organizations to support consumers with the intention of making an investment in the future direction of Indiana. It is anticipated that your organization's participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine the future existence and direction of CIF.

**Purpose Statement:** (a brief statement explaining how consumers will benefit from this event, especially in terms of information they will receive or skills they will learn that will result in community inclusion.)

**Agreement:** The Council is pleased to consider your application for financial assistance to support people with disabilities and families to attend your event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in supporting consumer attendance at this event, on behalf of (organization name) \_\_\_\_\_, we agree to:

- A. List the Council as providing scholarship support for the event in materials related to the event
- B. Complete the Organization CIF Event Outcome Report.
- C. Provide Attendees list of all people receiving CIF funds along with contact information
- D. Give every CIF recipient the Council Memo: Individual Satisfaction/Outcome Report - collect and submit the reports.
- E. Provide voter registration form for attendees at event (form enclosed).
- F. Notify your constituents about Council related events or programs that they may be interested in. This notice can be provided through a mailing you are doing, an article in your newsletter, providing materials at a display table, e-mail, or other methods as appropriate (Council will provide materials).
- G. Provide assistance as follows, from non CIF/Council resources, as needed- check all that apply:
  - ☐ Assistance in reading materials and completing registration forms
  - ☐ Accessible formats including large print and Braille
  - ☐ Interpreters if needed
  - ☐ Wheelchair accessible space if needed
  - ☐ Minor assistance if needed, to ensure meals or other activities are accessible
  - ☐ Reduced price registrations for (circle) CONSUMERS: CONSUMERS ON SSI
  - ☐ Other: Please describe (use back of page if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Required Report Forms**

(To be completed after the event)

1. Event Outcome Report
2. Expenditure Report
3. Attendees List
4. Individual Satisfaction/Outcome Report - Council MEMO

**NOTE:** You will receive additional information on how to claim reimbursement in a separate mailing from the Mental Health Association after your application is approved.

## ORGANIZATION CIF EVENT OUTCOME REPORT

Name of Organization: \_\_\_\_\_

Date and Title of the Event: \_\_\_\_\_

Contact Name/Phone/e-mail: \_\_\_\_\_

**Directions:** please complete this summary sheet and return it with the Expenditure Report, list Attendees, Individual Satisfaction/Outcome Report, and claim vouchers. Send completed information to: MHAI c/o Carole VanDusen, 1431 N Delaware, Indianapolis 46202

### General:

1. How many people attended the event overall: \_\_\_\_\_
2. How many people were supported with CIF funds:  
Number of people with disabilities \_\_\_\_ Number of family members \_\_\_\_ Total \_\_\_\_
3. How many people of color were supported with CIF funds \_\_\_\_\_
4. Was there an overall evaluation of the event conducted? \_\_\_\_ Yes \_\_\_\_ No  
Please explain or attach overall evaluation summary, if applicable:

### Please describe the following

1. How was the Council's support recognized? (Attach all printed materials mentioning the Council):
2. Did every CIF funded person receive a **Council Memo- Individual Satisfaction/Outcome Report**?  
\_\_\_\_ Yes \_\_\_\_ No -Number collected (attach to the CIF attendees list) \_\_\_\_; Number not turned \_\_\_\_  
Describe how the reports were collected:
3. Did you provide information (handouts) about Council projects at the event? \_\_\_\_ Yes \_\_\_\_  
Describe:
4. If no, what other venues can be used to provide the information (newsletter/e-mail/other mailings) and who is the contact person:
5. Did you provide assistance from non CIF/Council resources with any of the following:
  - a) Assistance in reading materials and completing registration forms ☐ Yes ☐ No ☐ Not needed
  - b) Accessible formats including large print and Braille ☐ Yes ☐ No ☐ Not needed
  - c) Interpreters if needed ☐ Yes ☐ No ☐ Not needed
  - d) Wheelchair accessible space if needed ☐ Yes ☐ No ☐ Not needed
  - e) Minor assistance if needed to ensure activities are accessible ☐ Yes ☐ No ☐ Not needed
  - f) Reduced price registrations for CONSUMERS ☐ Yes ☐ No ☐ Not needed
  - g) Other: Please describe:

## CIF Expenditure Report

This form is a report of your actual CIF expenditures for the event for which you received CIF funding.

**To receive reimbursement, you must submit it with receipts or other documentation, claim voucher and other required information within 60 days of the event.** While actual expenses may differ somewhat from your approved initial budget, the total overall amount approved is the maximum you can be reimbursed.

Organization: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

<b>Description</b> (list of every line item in your approved initial budget)	<b>Match (50%)</b> (More than 50% is appreciated)	<b>CIF</b> (What you are asking to be paid for)	<b>Check if documentation attached</b>
<b>Registration</b>	\$ _____	\$ _____	<input type="checkbox"/> Match <input type="checkbox"/> CIF
<b>Lodging</b>	\$ _____	\$ _____	<input type="checkbox"/> Match <input type="checkbox"/> CIF
<b>Child Care/Respite/Personal Assistance</b> (Optional for SSDI, SSI or TANF only)	\$ _____	\$ _____	<input type="checkbox"/> Match <input type="checkbox"/> CIF
<b>Other items in approved budget:</b>	\$ _____	\$ _____	<input type="checkbox"/> Match <input type="checkbox"/> CIF

**\*Please provide a detailed description if not self-explanatory**

## CIF Attendees List

Please complete and send in with the event report and other required information- attach individual Council memo satisfaction/outcome reports that were collected from CIF scholarship recipients (We expect you to collect the majority of forms at the event, but we will send follow-up forms to any who did not turn them in.) **Make copies as needed.**

Name/Address/City/Zip	Day Phone #	E-Mail	Check
			<input type="checkbox"/> Person w/disability <input type="checkbox"/> Family Member <input type="checkbox"/> Person of color <input type="checkbox"/> Check if individual outcome report attached
			<input type="checkbox"/> Person w/disability <input type="checkbox"/> Family Member <input type="checkbox"/> Person of color <input type="checkbox"/> Check if individual outcome report attached
			<input type="checkbox"/> Person w/disability <input type="checkbox"/> Family Member <input type="checkbox"/> Person of color <input type="checkbox"/> Check if individual outcome report attached
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			<input type="checkbox"/> Person w/disability <input type="checkbox"/> Family Member <input type="checkbox"/> Person of color <input type="checkbox"/> Check if individual outcome report attached
			<input type="checkbox"/> Person w/disability <input type="checkbox"/> Family Member <input type="checkbox"/> Person of color <input type="checkbox"/> Check if individual outcome report attached



## Governor's Council for People with Disabilities

### MEMO

**From:** Governor's Council for People with Disabilities

**To:** Scholarship recipient

### **Individual Satisfaction/Outcome Report**

To assist with the cost of persons attending this event, the Governor's Council for People with Disabilities provided financial support to the sponsor. Your attendance was partially supported through these funds. As part of the agreement with the sponsor for providing financial assistance, we are requesting that you fill out the form below and return it to the conference sponsor.

Your input is invaluable in determining the future direction of these funds. This information will be used to evaluate the effectiveness and value of this program.

Please complete this form and return it to the conference/event sponsor before you leave!

Conference Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please check all that apply:

☐ Person with a disability ☐ Family of person with a disability ☐ Person of color

Your name will be added to the Council's On Target print newsletter

☐ Please add me ☐ I receive On Target

1. Would you like to receive Council weekly E-mail News (late breaking info about issues and opportunities that are not included in the print newsletter): ☐ Please add me ☐ No thanks

2. How satisfied were you with the scholarship support that you were provided:

☐ very satisfied ☐ satisfied ☐ not satisfied

Explain/comment:

3. What impact will what you learned or did at this event/conference have on you, your family or others? Please list 1-3 things you learned/did, and how they helped or will help in future. (Examples: I learned about resources for assistive technology, which I will use to try to get a new wheelchair. I learned about how to better advocate for my child's education program and I will use this at the next IEP meeting at my school)

\* There are a number of Council sponsored projects that you may be interested in. To receive more information please check:

- ☐ **March Disability Awareness Month:** The Council provides 26 different planning packets with ideas on activities to conduct. Free materials such as posters and bookmarks are available. Most activities can be done any time.
- ☐ **Media Watch:** Respond to news coverage about disability issues with feedback to the reporter on how well they portrayed disability issues. Send a letter to the reporter and enclose the Council's Power of Words brochure.
- ☐ **Council's Fifth Freedom disability network:** Respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting two-three local people who agree to respond to important, time sensitive information about statewide disability issues that need immediate action.
- ☐ **Partners in Policymaking:** Eight weekends of free training over 9 months on cutting edge disability issues and advocacy for people with disabilities and parents. Classes start in the fall and only 40 people are selected.